

# Essential Information for Tribal & Statewide Disparities Contractors

DOH has prepared this workbook to enable all DOH community-based contractors (community tribal, and statewide disparities) to develop tobacco prevention and control plans for geographic (county), legal/political (tribal), or racial/ethnic communities. Given the range of community-based contractors using this workbook, most of the information provided is written in broad terms. The information provided may not acknowledge the unique qualities and practices within culturally diverse communities. Therefore, tribal and statewide disparities contractors should use the activity information to gain a general understanding of DOH's expectations, and not feel limited by the language provided. Contractors serving culturally diverse populations are encouraged to include activity descriptions in their work plans that reflect the unique culture and practices within each community.

There are some activities in this workbook that tribal and statewide disparities contractors should not include in their work plans. Other activities may be included, but only under specific conditions. In both instances, DOH has included information to guide planning of these activities.

## Required Activities

In State Fiscal Year (SFY) 2004, tribal and statewide disparities contractors must include the required activities in their work plans, as described below.

### All Tribal and Statewide Disparities Contractors:

- Required Activities:

#### **Community Coalition/Advisory Board C1.01**

Convene a group of community members to advise the development and implementation of your workplan. Participants should represent sub-populations from throughout the community (staff, community/tribal leaders, youth, community members, etc), and provide information about existing resources and activities in the community. Advisors should be convened at least quarterly. Include the frequency of meetings in your activity description. Please enter the name of the program, department, or organization each advisor represents to your contact list in CATALYST. Identify each as an 'advisory board member.'

#### **DOH Contractor Meetings C1.04**

Staff, stakeholders, and volunteers attend State Department of Health contractor meetings. Tribes and statewide disparities contractors are required to attend four meetings during the contract year as follows:

### Statewide Disparities Contractors:

- One statewide two-day meeting (Spring 2005)
- Three regional meetings with local community and ESD contractors (Fall 2004, Winter and Spring 2005)

- Required Activities:

**Other National, State, or Local Meetings and Trainings C1.05**

As part of staff and volunteer development, identify state and/or national conferences that will increase skills and knowledge to deliver a community-based tobacco control program.

All Tribes:

- Two-day statewide tobacco prevention and control conference (Spring 2005).
- Two, one-day Tribal Coordinators meetings (Fall 2004 and Spring 2005)
- One regional meeting with local community and ESD contractors (Fall 2004, Winter or Spring 2005)
  - All *new* tribal staff must attend a 'Tobacco 101' provided by the Tobacco Prevention Resource Center

Tribes receiving more than \$40,000 and Statewide Disparities Contractors:

- Must attend the following trainings offered by the Tobacco Prevention Resource Center: Cultural Competency and one additional training, such as social marketing, volunteer management, facilitation, tobacco control conferences, prevention theory, or any other topic identified as useful for staff or key volunteers/stakeholders.
- Required Activities:  
**Support Comprehensive School-based Policies and Programs C2.07**  
 Contractors needing to serve children in public schools should communicate and collaborate with Educational Service District (ESD) staff and local school districts to plan or deliver programs and activities - especially for high school youth - that will increase awareness of tobacco issues and tie in with the schools' comprehensive prevention planning. Specific tasks include keeping ESD tobacco prevention coordinators informed of school-related activities or opportunities for youth as a result of the community program's work, involving ESD staff in county and community coalitions and activities, and working with key contact people in local school districts to improve implementation or enforcement of tobacco-free school policies. Activities can include community learning projects, parent and family programs, youth advocacy and training, and policy improvement projects. Tribes should also work with their tribal schools.

**Health Care Systems Change/Trainings 3.04 (New this year)**

Train health care providers and other stakeholders to provide brief interventions with clients that support smoking/tobacco cessation and also implement 'office reminder systems'. This may include becoming an instructor of the DOH Basic Tobacco Intervention Skills Training curriculum and then organizing community based trainings for health care providers. It may also include recruiting a person from an already existing medical system to be trained as an instructor, who then delivers training to people within their system. Contractors must use the DOH Basic Tobacco Intervention Skills Training Curriculum.

### **Local Assessment of Cessation Resources C3.07**

As appropriate provide information on local cessation services to the TPC Programs contractor as part of the annual quit line assessment of existing local adult and youth cessation resources. This *also may* include an assessment of current community cessation resources and an identification of gaps in service that help in the creation of a community-wide cessation plan. This *can also* include an assessment of the percentage of physicians consistently delivering the brief intervention, identification of health care provider training needs or assessment of systems related changes needed among medical settings. Working with your local community based contractors on this activity is recommended so that duplication does not occur.

### **Community Education – Secondhand Smoke C4.01**

Work with the Secondhand Smoke Community Assistance Project (SHSCAP) to use media advocacy and/or community intervention strategies to support the statewide secondhand smoke campaign in communicating the harm from secondhand smoke and recommending policy oriented strategies to limit exposure by youth and adults.

In addition to the above activities, all large tribes and statewide disparities contractors must submit a 3-5 year strategic plan for your tobacco prevention and control by December 31, 2004. The strategic plan should build upon the Washington State Strategic plan that will be released in Spring 2004. A suggested format will be provided during the strategic planning trainings in the Spring of 2004.

## **Budget**

**Tribes** - Funding provided to tribes from the State Tobacco Prevention and Control Account (Master Settlement Agreement and Initiative 773 tax revenue) is anticipated to be the same as it was in State Fiscal Year 2004.

**Statewide Disparities Contractors** - Funding provided to statewide disparities contractors from the State Tobacco Prevention and Control Account (Master Settlement Agreement and Initiative 773 tax revenue) is anticipated to increase to support a 12-month work plan in SFY 2005 versus the 9-month period described in the SFY 2004 contract. The exact amount will be provided to once the state budget is finalized in the spring.

## **Additional Information:**

- **Minimum Staffing Requirements**
  - **Tribal Contractors** – Tribal contractors receiving \$40,000 or more must maintain a minimum of a half time (.5 FTE) to coordinate the tobacco prevention and control program.

- **Statewide Disparities Contractors** - Statewide disparities must maintain a minimum of a 1.0 FTE as it is anticipated all will receive more than \$100,000 in SFY 2005.
- Efforts should be consistent with the state's strategic plan for addressing disparities.
- To justify payment for invoices submitted to DOH, monthly reporting should describe progress in work plans. Reporting should be completed in CATALYST by the 10<sup>th</sup> of each month for activities from the previous month.
- Use of Standardized Evaluation Tools (pre/post or tracking tools) in CATALYST is required for many activities this year. Activities that require Activity Evaluation - Survey Data Entry are listed in the workbook by activity and on the Contractors Resource website under Evaluation Tools.

If there are locally determined activities that do not fit into one of the required or recommended activities, a separate process will be needed for Department of Health review. No more than ten percent of your total budget may be dedicated to these locally determined activities. Please contact your contract manager for information.